



WESTERN  
NEW ENGLAND  
COLLEGE

## Application For Withdrawal or Absence From Campus (Traditional/Full Time Course of Study)

**Note:** This form is to be filed with the Academic Support Center located in the Campus Center and should be accompanied by a formal exit interview. A copy of this form is included in the permanent record held in Student Administrative Services.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Permanent Address \_\_\_\_\_  
(Street/Box #)

\_\_\_\_\_  
(City or Town) (State) (Zip Code)

Student ID# \_\_\_\_\_ Curriculum \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Freshman     Junior  
 Sophomore     Senior

Check here if you received financial aid while enrolled

- I wish to interrupt my studies at Western New England College and withdraw from all courses.
- I plan to continue my education at Western New England College but will study abroad during the coming semester.
- I wish to apply for a leave of absence.

Detailed reason for request below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Upon withdrawing from the College, I am aware that all tuition, fees, and charges are my responsibility and must be paid in accordance with College policy. Failure to make payment may result in additional costs, including all costs of collection incurred by the College.*

Student's Signature \_\_\_\_\_

**(Do Not Write Below This Line)**

Complete Withdrawal    Most Recent Semester Enrolled \_\_\_\_\_

Leave of Absence    To return \_\_\_\_\_

Study Abroad    Location \_\_\_\_\_ Fall / Spring

Primary Withdrawal Code \_\_\_\_\_ Catalogue Year of Last Enrollment \_\_\_\_\_

Last Date of Attendance \_\_\_\_\_ First Registration Date \_\_\_\_\_

Comments and recommendations of exit interviewer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Approved: \_\_\_\_\_

- Effective: Immediately
- End of Term
- Additional Circumstances     Yes     No

(see reverse side)

